FUK INSTRUCTIONS, SEE BAUK OF FURIN

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2014 NOV 17 AM 9: 03

COMMITTEE NAME (Must be same as on Statement of Organia BLUE FOR SUPERVISOR IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candida Subdivision Candidate (8) County PAC (9) City PAC (10) School Bot 11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name Office Sought	(Rev. 12/2009) REF		
Late reports are subject to possible civil and criminal penalties. Pursucandidate's committee, and the chairperson, for any other type of corporation. SIGNATURE OF PERSON FILING REPORT	uant to lowa Code sections 68B.32A mmittee, is the individual responsible 712-623-4081 TELEPHONE	e for filing timely and accurate repo	, for a orts.
AM FILING A Nov. 14, 3014 (report date) CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of I	Indicate by Dissolution Form DR-3.	# (2)NON-ELECTION YEAR. # 1 Local Committees, enter Date of Electrony & Local Committees, enter	
(You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call.)	al of all funds held by the	which Election is held	
of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F: Schedule H: Total Sales of Campaign Property (Attack (Schedule H applies to Candidates' Commit	e A) (*also see in-kind below)) h Schedule H)	169.32	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (* Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repo	SUB-TOTAL **also see debts and loans below))
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule **OUTSTANDING LOANS (From Schedule F - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	ule E)F)	\$	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	Reset Form	SCHEDULE	ı
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 12/13)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND RAISE
317.11	ID#				INCON
11/06/2014	CK#	KAREN BLUE RED DAK, 117	15.5	\$	
	ID#	BUE SUNSET KED DAK, 11-)	SELF	169.32	-
	CK#		8 .		
	ID#				
	CK#				T
	ID#				
	CK#				T
	ID#			The state of the s	
	CK#				
	D#				
	CK#				
1	D#				
(CK#				
8	D#				
C	CK#				
11	D#				
C	K#				
10)#				
C	K#			Romandaman de de la constancia de la con	
			SUB-TOTAL		
		TOTAL (if last page	\$		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by applicable" in the relationship column.

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familial relationship,

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

CO	MIMITE		same as on Statement or Organization)		
		BLUE	FOR SUPERVISOR		
EXI	DATE PENDED M/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/	07/14	ID#	RED OAK, IA 51566	RADIO ADS.	\$583,00
		ID#			2
		CK#			
		ID#			
		CK#			
		ID#			
		CK#			
		ID#			
		CK#		8	
		ID#			
		CK#			
		ID#			
		CK#			
		ID#			
		CK#			
September 1		her construction of control of the con-		SUB-TOTAL	\$
				TOTAL (if last page of this schedule)	\$ 583.00
THIS	S BOX AP	PLIES TO CANDID	DATES' COMMITTEES ONLY:		

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	1	of	1
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BLUE FOR SUPERVISOR				(Rev. 06/97) CONTRIBUTIONS CHECK THIS BOX IF		
			Reset Form			NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPT OF IN KII CONTRIBU	ND	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/30/2014	KAREN BLUE bot sinset, RED OAK, IA-	SELF	PAPER	N	1000	
					74	
				1		
			-		22.00	
4						
TOTAL (if last page of this schedule)						
by marriage). (3	requires candidates to disclose the relationship of an ationship must be shown to the third degree of conss See Page 2 of forms packet.) If surname of contribu hip, enter "not applicable" in the relationship column.	anguinity (blood relative tor is the same as ca	whinite has food	(malatin m		of or Schedule E)

SCHEDULE

IN-KIND

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)